

MEETING ABSTRACT

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Day surgery in the elderly: pain as fifth vital parameter

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Background

Pain control should be a subject of training in day surgery and specific updating courses for medical and nursing staff in the day hospital and in general for specialized personnel should be done. The ABC acronym may help to remember the fundamental points of pain treatment in day surgery: — **assessment**: systematic evaluation of pain as the 5th vital parameter; — **balanced analgesia**: prefer multimodal techniques with the association of nonopioids, opioids and locoregional anesthesia; — **continuous audit**: continuous verification of patient satisfaction levels; — **discharge**: discharge the patient with written instruction for home treatment of pain, including details on rescue doses; — **education**: the education process of the staff (anesthetists, surgeons, nurses) should be continuous and also involve physicians in general medicine.

Materials and methods

We have evaluated pain management satisfaction in elderly postoperative patients, defining pain management strategies documented in the medical record (MR) that predict patient satisfaction. 56 postsurgical patients aged 65 and older, undergoing elective day surgery procedures (Hernia repair) were surveyed regarding satisfaction with pain management in the first 24 hours postsurgery and the survey results summarized in a score. Pain management variables (patient education, pharmacological and nonpharmacological interventions, demographic variables, and surgery and anesthesia information) were abstracted from their MR. The correlation between the satisfaction score and MR variables was studied.

Discussion

Sixty-two percent of patients experienced severe post-operative pain, yet 87% reported being satisfied with the treatment. The mean satisfaction score + standard deviation was 59.3 + 10.8 (range 10.6–84.3; potential range 0–100, higher score = higher satisfaction). MR variables explained 14% of the satisfaction score variation. The worst pain intensity in the first 24 hours postsurgery as documented in the MR was the most powerful predictor of satisfaction. Other predictors associated with satisfaction were younger age, male sex, preoperative education, shorter recovery room stay, analgesic given through oral route, and NSAIDS (compared with other analgesics).

Conclusions

Pain in elderly surgical patients remains Undermanaged, in day surgery too. Simple strategies such as emphasizing preoperative education may have a large effect in pain management. This study developed a validated patient satisfaction score and a MR instrument to assist in monitoring pain management quality at home.

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Reference

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